

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/380026		FILING DATE	
CLAIMS						APPLICANT(S)			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
2						52			
3						53			
4						54			
5						55			
6						56			
7						57			
8						58			
9						59			
10						60			
11						61			
12						62			
13						63			
14						64			
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32						82			
33						83			
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35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45									
46									
47									
48									
49									
50									
TOTAL IND.	7					TOTAL IND.			
TOTAL DEP.						TOTAL DEP.			
TOTAL CLAIMS	3					TOTAL CLAIMS			